



## Middle-term Fellowship Application Form

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Nationality: \_\_\_\_\_

Department / Hospital / Institute: \_\_\_\_\_

Address: \_\_\_\_\_

Code / City / Country: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Expected duration of fellowship is granted : 1 - 3 months \_\_\_\_\_ 3 - 6 months \_\_\_\_\_

Please indicate the most convenient date(s). Note, that the months of July and August are not recommended due to summer leave:

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Do you have any preferred Spine Center, you would like to visit:

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

I have read the IGASS Fellowship guidelines and accept all conditions.

Place, Date:

Signature: \_\_\_\_\_